

215047884
70383

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 188	Agency Case No. B5-107698	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/18/2015		TIME OF ACCIDENT 1910	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1910	11/19/2015	
B 49	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 84th Pioneers Blvd/Mandarin Dr		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				47.00	X	S curb Pioneers
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 2	DRIVER LICENSE NO.	H13725377		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	ALLISON L HARRINGTON		PHONE	402-484-7441	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/25/1999	
	5921 ARROW WOOD RD, LINCOLN, NE 68526					
G 2	OWNER	JASON L HARRINGTON		PHONE	402-484-7441	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB475999	
	Lincoln, NE 68526					
H 2	LICENSE PLATE PA NO.	TMM741		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2007	Saturn	SI3	4 door Sedan	red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500
V2/O 2	VEHICLE ID NO. (VIN)	1G8AL58F47Z133605		INSURANCE COMPANY American Family		
	TOWED TO	TOWED BY		POLICY NO. 2512-7710-02-59-FPPA-NE		
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H13324150		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	OWEN D ROBERTS-DAY		PHONE	641-373-1699	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/08/1982	
	3115 SHIRLEY CT, LINCOLN, NE 68507					
J 07	OWNER	OWEN ROBERTS-DAY		PHONE	641-373-4699	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
	3115 Shirley Ct, Lincoln, NE 68507					
V1/Q 4	LICENSE PLATE PA NO.	TWD335		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	1993	Volvo	240	Station wagon	black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
	VEHICLE ID NO. (VIN)	YV1AW8803P1947506		INSURANCE COMPANY State Farm		
K 01	TOWED TO	TOWED BY		POLICY NO. 27-6113-M57		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
2	OWEN D ROBERTS-DAY	3115 Shirley Crt, Lincoln, NE 68507		02/08/1982	01	1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

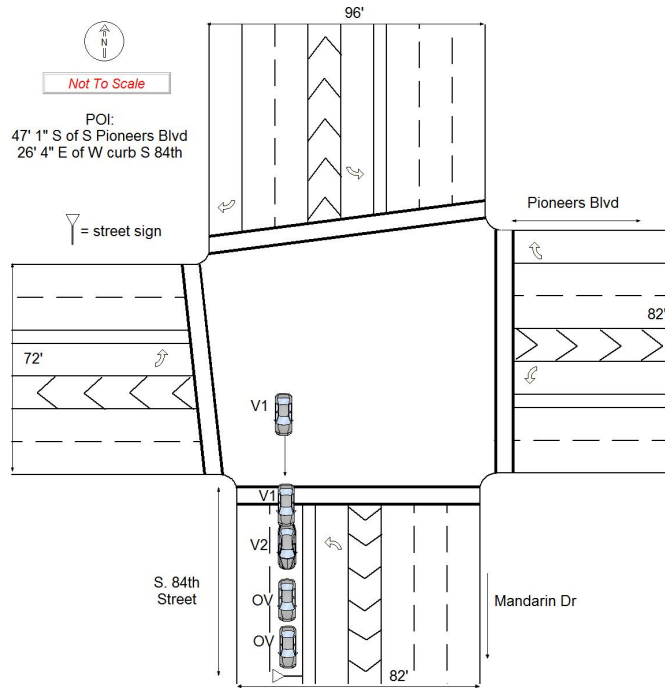
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107698



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 and D2 were both SB on S 84th st. D2 said he came to a stop on the roadway because the two vehicles directly in front of him had come to a stop. A hit and run accident minutes prior had left a metal street sign in the road so cars were now coming to a stop to avoid striking the sign (B5-107697).

D1 said she came up behind V2 and was unable to get stopped in time. V1 rear ended V2. D1 cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)													
1		X			S 84th														
2		X			S 84th														
1	01	06 Turning left																	
2	11	08 Entering traffic lane																	
					01 Essentially straight ahead														
					02 Backing														
					03 Changing lanes														
					04 Overtaking/Passing														
					05 Turning right														
					09 Leaving traffic lane														
					10 Parked														
					11 Slowing or stopped in traffic														
					12 Other														
					13 Unknown														

VEHICLE 1				VEHICLE 2			
POINT OF IMPACT	01	POINT OF IMPACT	05				
MOST DAMAGED AREA	01	MOST DAMAGED AREA	05				
<p>00 None</p> <p>01 02 03 04</p> <p>05 06 07 08</p>							

VEHICLE 1				VEHICLE 2			
1	2	3	4	1	2	3	4
4				5	5		
				5			

VEHICLE 1				VEHICLE 2			
1	2	3	4	1	2	3	4
2				2	5		
				2			

ALCOHOL/DRUGS SUSPECTED			
1	2	3	4
1			

PHOTOGRAPHS			
1	2	3	4
1			

OFFICER NO. 1584	TROOP/TEAM/BEAT NE	DEPARTMENT Lincoln Police Department	Photographs taken? YES NO
INVESTIGATOR NAME (Print or Type) Matthew Fisher		INVESTIGATOR SIGNATURE Approved by Officer Matthew Fisher	DATE OF REPORT 11/19/2015